

ATTORNEY DOCKET NO.  
KOTAMARTI001



PATENT APPLICATION  
SERIAL NO. 09/754,012

IFW/  
DAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kotamarti, Mallick

Serial Number: 09/754,012 ✓

Filed: 01/02/2001

For: INCORPORATING NON-NATIVE USER  
INTERFACE MECHANISMS INTO A  
USER INTERFACE

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Group Art Unit: 2173

Examiner: Bonshock, Dennis G.

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Petition Under 37 C.F.R. § 1.59(b) for the Director to expunge information unintentionally  
submitted in a petition.**

Dear Sir:

This is a petition to expunge and replace information submitted in a Petition to Revive entered  
on September 27, 2012, Applicant petitions as follows:

12/11/2012 MBLANCO 00000006 09754012  
01 FC:1463 200.00 OP

## **I. INTRODUCTION:**

Applicant filed a petition to revive on September 27, 2012 which included supporting documentation (Exhibit A) to support Applicant's petition. The petition was granted by the Director on October 22, 2012. One of the Exhibits submitted was an IRS W-2 form which included personal information of the Applicant. Hence, Applicant requests that the W-2 form exhibit submitted with the petition be expunged and replaced with Exhibit AA submitted herewith, since the prior Exhibit included personal information of the Applicant which may pose a security risk for the Applicant if published.

## **II. STATEMENT OF FACTS:**

In support for Applicant's petition to revive of an unintentionally abandoned application, Applicant included documentation within Exhibit A to demonstrate proof of Applicant's address during specified time periods. Specifically, Exhibit A was a letter from Applicant's prior employer and an IRS W-2 form. As standard practice, the W-2 form includes an employee social security number on the form. The social security number on the form was not redacted prior to submission. Applicant believes that publication of this document may pose a security risk to the Applicant, such as identity theft. Hence, Applicant is submitting the identical W-2 submitted with the petition albeit with the social security number redacted. Hence, Applicant respectfully requests the Director to expunge and replace the prior submitted W-2 form with the enclosed W-2 form (See Exhibit AA).

## **III. REQUEST FOR RELIEF:**

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Applicant respectfully requests the Director, under 37 C.F.R. § 1.59(b), to expunge the W-2 form submitted with the petition entered on September 27, 2012 and replace with the enclosed W-2 form (See Exhibit AA).


\*\*\*\*

Pursuant to the requirements of 37 C.F.R § 1.159(b) for the Director to take this petition, Applicant is submitting herewith a petition fee for \$200 as set forth in 37 C.F.R § 1.117(g). If any additional fees are due or additional information is needed to render a decision, Applicant respectfully requests the Director to contact the attorney of record at the address and telephone number below to render such fees or information.

Respectfully submitted,

Law Office of Sam Sokhansanj, PLLC

Dated: 12/03/2012  
Law Office of Sam Sokhansanj, PLLC  
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\_\_\_\_\_  
Sam Sokhansanj  
Reg. No. 59,769

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**EXHIBIT AA**

p.1

4089617743

Mallik Kotamarti

a Control number		UMB No. 1545-000R		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a taxpayer's penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number 76-0622853		1 Wages, tips, other compensation 8000.00		2 Federal income tax withheld 1300.00			
c Employer's name, address, and ZIP code SKYPORT INTERNATIONAL INC 2 NORTHPOINT DRIVE SUITE 230 HOUSTON, TX 77060		3 Social security wages 8000.00		4 Social security tax withheld 496.00			
		5 Medicare wages and tips 8000.00		6 Medicare tax withheld 116.00			
		7 Social security tips		8 Allocated tips			
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code MALLIK R KOTAMARTI 6944 OAK MANOR DR DALLAS, TX 75230		11 Nonqualified plans		12a See instructions for line 12			
		13 <input type="checkbox"/> Statutory employer <input type="checkbox"/> Government plan <input type="checkbox"/> Third-party net pay		12b			
		14 Other		12c			
				12d			
15 See Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2003

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

Department of the Treasury - Internal Revenue Service

Safe, accurate,  
FAST! Use